

CONSTITUENT SERVICE FORM

Congressman Todd R. Platts

59 West Louther Street Carlisle, PA 17013 (717) 249-0190 (717) 218-0190 Fax 22 Chambersburg Street Gettysburg, PA 17325 (717) 338-1919 (717) 334-6314 Fax 2209 East Market Street York, PA 17402 (717) 600-1919 (717) 757-5001 Fax

In an effort to reduce mail handling, it would be most helpful to fax forms directly to district offices or drop them off in person.

Name:			
Address:			
City:	Stat	e: Zip: _	
Phone (H):	(W)		
Social Security Number:			
Other Federal ID or Claim Num	bers:		
Federal agency with which you	have a problem:		
Please describe your problem bri	iefly:		

What would you like Congressman Platts to do to help?
Signature: Date:

** Under the terms of the Privacy Act, all constituent service requests <u>must</u> include a signature **

Please deliver/fax this completed form and copies of any other pertinent materials to one of Congressman Platts' district offices. Addresses and fax numbers are listed at the top of the first page.